



2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|--|---|---|--|---|---|--|--|
| DOCUMENT # 751238 1. Entity Name BRIGHTON BAPTIST CHURCH, INC. | | | |  | | FILED 10 SEP 23 AM 8:27  | |
| Principal Place of Business 24050 S.R. 70 WEST OKEECHOBEE, FL 34974 | | | | Mailing Address 24050 S.R. 70 WEST OKEECHOBEE, FL 34974 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | 09162010 Chg-NP CR2E037 (11/08) | | 4. FEI Number NO-00000000ABLE | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent GRIFFIN, FERN 106 S.W. COUNTY ROAD 721 OKEECHOBEE, FL 34974 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$61.25 Due by September 24, 2010 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRIFFIN, FERN 106 S.W. COUNTY ROAD 721 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRYAR, CALVIN 24050 S.R. 70 WEST OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THRASHER, WILLIE 14705 N.W. CENTER STREET OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400185510324 09/16/10--01004--004 **61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, PHIL 17415 BROADLAND LANE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICE, DICK 17244 BRIDLE WOOD DRIVE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MC DOWELL, DEANNA 17516 BRYNWOOD LANE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition RH | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>Deanna S. McDowell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 9-20-10 <small>Date</small> | | 863-763-3865 <small>Daytime Phone #</small> | |